FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # L23919 EY CORPORATION	(8)							
Principal Place	e of Business	Mailing Address			I FOOLKOAN DIE CIANDO TALAM TORDI		ONUT DIEN GIBIL DIEN	UIUII IIUI	
12461 SW 130TH ST., #3 Miami Fl 33186-6213		12481 SW 130TH ST. #3 Miami Fl 33188-6213							
						3. Date Incorporated or Qua	lified 36	Date of Last Re 04/26/1996	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0200833			l Applicable
Suite, Apt	Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certificate of Status Desir	ed 🗆	\$8.75 / Fee Re		
City & State	6	City & State				6. Election Campaign Finance	-lna	\$5.00	
23	•	28			•	Trust Fund Contribution	,,,,,,,	Added t	
Zip	Country	Zip	Cour	ntry	····	8. This corporation has liabil	ity for intan		
24	25		30			Florida Statutes		s 🗌 No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of N	ew Registe	red Agent	
	Brera, arturo		<u> </u>	81	Name				
12461 SW 130TH ST				82	Street Addr	ress (P.O. Box Number is Not Ac	ceptable)		
MIA	MI FL 33177		-	_					
				83					
			ļ	84	City			FL 85 Zip (Code
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State om im familiar with, and accept the obliga								s registered registered
12,	Signature, typicd or ported name of registered agen		Registered 13.	Agen	it signature requi	ired when reinstating) ADDITIONS/CHANGES TO		AND DIRECTOR	S IN 12
THE	OFFICERS AND DIRECTORS DPT DELETE			LE		7007710710707171100010	OTTIOLITO	☐ Change	Addition
NAME	CABRERA, ARTURO			ME					
STREET ADDRESS	12461 SW 130TH ST		1.3 STREET ADDRESS			•			
CHTY+ST-ZIP	MIAMI FL			Y-\$1	-ZIP				ļ
TITLE	DS DELETE			LE				Change	Addition
NAME	CABRERA, EDITH		2 2 NA	ME			±1-		
STHEET ADDRESS	12481 SW 130TH ST		2.3 \$11	REET /	ADDRESS				
CITY - ST - ZIF	MIAMI FL		2. 4 CI		T-ZIP				
TITLE		DELETE	3.1 TIT					☐ Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIF		DELETE	3.4. CI		T-2IP	P		T Change	Addition
HILE		L.,J VELETE	4.1 111					Change	L AUGIDIOII
NAME DEGREE AND COOK			4. 2 NA		4000000				i
STREET ADDRESS					ADORESS				
CITY-S1-7#		☐ DELETE	4.4 CIT 5.1 TIT		- LIP			Change	Addition
NAME			5.2 NA						
STREET ADDRESS					ADORESS				
CHTY - S1 - 7IP			5.4 CiT						
TITLE		DELETE	6.1 TiT					☐ Change	Addition
NAME		+	6.2 NA					•	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

May 05 1997 8:00am

Secretary of State